| PATENT APPLICATION FEE DETERMINATION RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                           |              |                                    |              |                  |       |                          | Application or bocket Number 5                   |       |                    |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------|--------------|------------------------------------|--------------|------------------|-------|--------------------------|--------------------------------------------------|-------|--------------------|------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                           |              |                                    |              |                  |       |                          | 09466035                                         |       |                    |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                           |              |                                    |              | ımı 2)           |       | SMALL ENTITY TYPE        |                                                  |       | OTHER THAN         |                        |  |
| TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTAL CLAIMS                                                           |                                           |              |                                    |              |                  |       | RATE                     | FEE                                              | 7     | RATE               | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                           | NUMBER FILED |                                    | NUMBER EXTRA |                  |       | BASIC F                  | 385.00                                           | OR    | BASIC FEE          | 770.00                 |  |
| TC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TAL CHARGE                                                            | ABLE CLAIMS                               | mi           | กบร 20=                            | •            |                  |       | X\$ 9=                   |                                                  | OR    | X\$18=             |                        |  |
| IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DEPENDENT C                                                           | LAIMS                                     | minus 3 =    |                                    |              |                  | X43=  |                          |                                                  | OR    | X86≈               |                        |  |
| ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ILTIPLE DEPEI                                                         | NDENT CLAIM P                             |              |                                    |              |                  | +145= |                          | OR                                               | +290= |                    |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                           |              |                                    |              |                  | į     | TOTAL                    |                                                  | OR    | TOTAL              |                        |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIMS AS AMENDED - PART II  3-12-94 (Column 1) (Column 2) (Column 3) |                                           |              |                                    |              |                  |       | SMALL                    | . ENTITY                                         | OR    | OTHER<br>SMALL     | R.                     |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | /                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PŘEVIO<br>PAID F  | SER<br>USLY  | PRESENT<br>EXTRA |       | RATE                     | ADDI-<br>TIONAL<br>FEE                           |       | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| Š                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total                                                                 | . 13                                      | Minus        |                                    |              | -                | 1     | X\$ 9=                   | l                                                | OR    | X\$18=             |                        |  |
| AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                                           | · /                                       | Minus        | ***                                |              | =                |       | X43=                     |                                                  | OR    | X86=               |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESE                                                           | NTATION OF MI                             | JETIPLE DE   | PENDENT                            | CLAIM        | اللل             | Ī     | +145±                    | 1                                                | ОЯ    | +290=              |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                           |              |                                    |              |                  | L     | TOTAL                    |                                                  | ` !   | YOTAL              |                        |  |
| 5_6-0 (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                           |              |                                    |              |                  |       | ADDIT. FEE OR ADDIT. FEE |                                                  |       |                    |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2-6-03                                                                | (Column 1)<br>CLAIMS                      |              | (Colum                             |              | (Column 3)       | _     |                          | LADDI                                            |       |                    | 1221                   |  |
| ENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMB<br>PREVIO<br>PAID F           | USLY         | PRESENT<br>EXTRA |       | RATE                     | ADDI-<br>TIONAL<br>FEE                           |       | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total                                                                 | . 13                                      | Minus .      | 20                                 |              |                  | 1     | X\$ 9=                   |                                                  | OR    | X\$18=             |                        |  |
| ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                                           | • [                                       | Minus        | m. 3                               |              |                  | t     | X43=                     |                                                  | OR    | X86=               |                        |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                        |                                           |              |                                    |              |                  | ŀ     |                          |                                                  | ٦     |                    |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | •                                         |              |                                    |              |                  | L     | +145=                    |                                                  | OR    | +290=              |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                           |              |                                    |              |                  |       | TOTAL<br>DDIT. FEE       |                                                  | OR ,  | TOTAL<br>ODIT. FEE |                        |  |
| /-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -4-05                                                                 | (Column 1)                                |              | (Cotum                             | n 2)         | (Column 3)       |       |                          |                                                  | •     |                    | ,                      |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12/14/05                                                              | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA | ſ     | RATE                     | ADDI-<br>TIONAL<br>FEE                           | ſ     | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total                                                                 | • //                                      | Minus        | <b>-3</b> 5                        | 3            | · /              | r     | X\$ 9=                   |                                                  | OR    | X\$18=             |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | independent                                                           | • /                                       | Minus        | 3                                  |              | •/               | H     | X93≤                     | <del>                                     </del> | 1     | X86=               |                        |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST PRESE                                                           | NTATION OF MU                             | LTIPLE DEF   | ENDENT                             | CLAIM        |                  | Ļ     | 203                      | <b>  </b>                                        | OR    | ~~00=              |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the age =                                                             |                                           |              |                                    |              |                  |       | +145=                    |                                                  | OR    | +290=              | · ]                    |  |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE OR ADDIT. FE |                                                                       |                                           |              |                                    |              |                  |       |                          |                                                  |       |                    |                        |  |